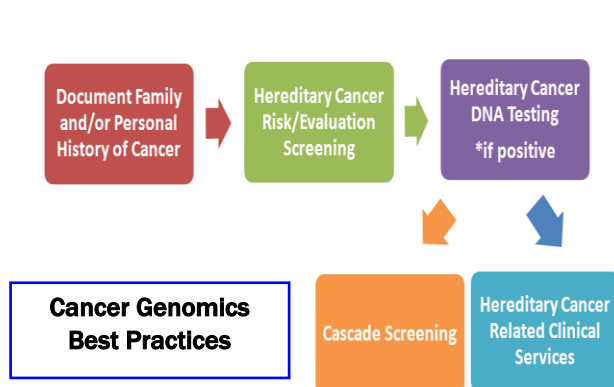




Michigan Department of Health and Human Services (MDHHS) Cancer Genomics Program, September 2015

Promoting System Change through Education, Surveillance & Policy to Advance Cancer Genomics Best Practices (2014-2019)



MDHHS Cancer Genomics Program is promoting system changes to advance health benefits through use of appropriate cancer genomics best practices for hereditary breast and ovarian cancer (HBOC) and Lynch syndrome (LS). The project utilizes the three core public health functions of assessment/surveillance, assurance/education, and policy/system change with the ultimate long-term outcome of reducing mortality rates of hereditary cancers (specifically breast, ovarian, colorectal and endometrial cancer) by overcoming barriers and advancing health system changes to promote cancer genomics best practices. The program focuses on the Healthy People 2020 Objectives to: 1) increase the proportion of women with a family history of breast and/or ovarian cancer that receive genetic counseling; and 2) increase the proportion of newly diagnosed persons with colorectal cancer who receive genetic testing to identify Lynch syndrome.

Overall 2014/2015 Project Accomplishments

- Successfully completed all planned activities for year 1; no insurmountable barriers identified in any activities
- Core MDHHS Cancer Genomics Team includes project manager/coordinator, epidemiologist, evaluator, public and provider educator, health plan educator, project assistant, contract managers, and section managers
- Established Contracts/purchase orders with multiple external partners
- Drafted evaluation plan for this cooperative agreement; completed evaluation activities for year 1
- Received Michigan Cancer Consortium (MCC) Spirit of Collaboration Award
- Disseminated activities through multiple local, state and national presentations
- Provided guidance to five genetic counseling graduate students projects related to this cooperative agreement
- Shared resources with other state health department and federal agencies
- Drafted and/or submitted five manuscripts for peer-reviewed journals related to this cooperative agreement

2014/2015 Policy Accomplishments:

- Updated MCC/Michigan Cancer Genetic Alliance (MCGA) Position Statement on Genetic Counseling/ Testing; approved by MCGA membership in August 2015 and MCC Board of Directors in September 2015
- Promoted multiple national cancer genomics recommendations including USPSTF *BRCA* Grade B and Grade D Recommendations, NCCN guidelines for HBOC and Lynch syndrome, EGAPP Lynch syndrome recommendation, CoC Standard 2.3, ACMG/NSGC Cancer Predisposition Practice Guidelines, SGO Statement on Risk Assessment for Inherited Gynecologic Cancer Predisposition, and FDA approval of the first PARP inhibitor (Lynparza) for use in women with advanced stage ovarian cancer patients who are *BRCA* positive
- Disseminated Michigan Informed Consent Law for Pre-symptomatic and Predictive Genetic Testing and updated brochure and model consent
- Disseminated importance of Genetic Information Nondiscrimination Act (GINA)
- Promoted Michigan BCCCNP new policy for breast MRI reimbursement for clients with *BRCA1/2* mutation; first degree relative with *BRCA1/2* mutation; and/or lifetime risk of breast cancer of 20-25% or greater; and, new Michigan BCCCNP policy to accept patients under 40 years of age for breast cancer services with clinical findings
- Assisted on graduate student project to evaluate BRSQ risk assessment tool risk assessment and cancer genetics referrals for 16 Michigan Planned Parenthood clinics
- Presented MDHHS activities related to Young Breast Cancer Survivors (YBCS) and HBOC via NBCCEDP webinar; presented conference workshops at Direct Service BCCCNP/WISEWOMAN Annual meeting to state/local staff
- Supported goals for genomics and ovarian cancer in current State Comprehensive Cancer Control (CCC) Plan for Michigan (82% of MCC community-based health systems encouraged completing a family history questionnaire to assess cancer risk at all routine office visits and 55% of MCC community-based health systems offered genetic counseling); assisted with drafting new cancer genomics objectives
- Identified drastic changes in Michigan cancer genetics services delivery related to industry and panel testing; began to identify novel Michigan cancer genetic clinic practices for ovarian cancer, cascade screening and other referral

Policy/System Change Strategy: Develop and expand system and policy initiatives to promote increased use of recommended clinical practices and improve access to care

indications; presented workshop with multiple key partners at 2014 MCC conference entitled *Reducing Barriers to Risk Appropriate Cancer Genetic Services*

- Increased number of Lynch Syndrome Screening Network (LSSN) full and affiliate members in Michigan; created informational one-pager and LSSN brochure due to request from Oregon/Washington
- Monitored written health plan policies for HBOC and Lynch syndrome counseling, testing and follow-up services; identified evolving written health plan policies with less policies for specific conditions; began to consider new ways to provide education and recognition to health plans

2014/2015 Education Accomplishments:

- Requested Governor's Proclamations for Family Health History month, Lynch syndrome awareness week, HBOC week; disseminated through press releases, MDHHS Facebook and Twitter, MCGA listserv, MCGA membership meeting
- Presented at advocacy groups events including BRCAn't Stop Me, Michigan Ovarian Cancer Alliance (MiOCA), FORCE
- Authored bi-monthly articles for the *MCC Update* newsletter and quarterly articles for Michigan Association of Health Plans (MAHP) *Insight* newsletter
- Worked with Jackson Laboratory, American Society of Human Genetics and Munson Health System to plan CME cancer genomics workshop for primary care providers in specific geographic areas underserved by cancer genetics
- Distributed over 19,000 MDCH Cancer Family History Guides to assist providers in identifying high risk patients for referral to genetics specialist
- Created and disseminated new educational resources for Michigan health plans
- Disseminated and maintained "Hereditary Breast and Ovarian Cancer (HBOC): Is Your Patient at Risk?" module for primary care providers; approved by Michigan State University for 2.0 CMEs at no cost to providers until October 2016 (www.nchpeg.org/hboc); scored all post-tests and provided certificates to participants; evaluated module
- Provided in-service presentations at several Michigan hospitals and universities
- Provided technical assistance to several Michigan providers and individuals at risk for HBOC and Lynch syndrome
- Maintained numerous websites (www.migrc.org, www.migrc.org/brca, www.lynchscreening.net, www.michigan.gov/genomics, www.michigan.gov/cge); updated cancer genetics clinical directory website; assisted with LSSN website evaluation conducted by Kaiser Permanente NW

Education Strategy: Develop and expand educational opportunities for the public and health care providers on hereditary cancers and cancer genomics best practices

2014/2015 Surveillance Accomplishments:

- Expanded BRCA clinical network of Michigan board-certified cancer genetic professionals to include 18 clinics; conducted evaluation of clinics who entered data for over year
- Analyzed Michigan Cancer Surveillance Program (MCSP) and mortality data through 2012
- Completed Priority Health BRCA claims data project to evaluate health care utilization following testing
- Continued attempt to pilot linkage of cancer genetic clinical data with MCSP and BCBSM
- Placed five 2015 Michigan BRFSS questions related to BRCA counseling and testing
- Identified institution with strong database capabilities and willingness to host and coordinate LSSN database in-kind
- Created and piloted tools to conduct breast, ovarian, colorectal and endometrial cancer chart reviews with MCSP
- Identified one health system with electronic health record capabilities to easily identify BRCA tests
- Began to work with Ovarian Cancer National Alliance (OCNA) and Oregon on ovarian cancer survivor survey to identify barriers and facilitators to genetic services
- Began analysis on Michigan BCCNP cancer family history and personal cancer history intake data

Surveillance Strategy: Develop and expand multiple surveillance systems on hereditary cancers, and use of cancer genomics best practices

2014/2015 Collaboration Accomplishments:

- Created Steering Committee with 37 internal and external multilevel and multisector partners; held two meetings; completed evaluation of satisfaction and value of various resources
- Developed new partnerships with three new organizations (BRCAn't Stop Me, MiOCA, OCNA)
- Cultivated relationships with health systems and providers in three geographic areas of cancer genomics interest that are underserved by cancer genetic services
- Participated in conference calls and meetings with CDC and other state grantees; provided resources and assistance
- Continued participation in MCC committees and activities; coordinated MCGA co-chair calls, listserv, website, webinars, clinical directory, position paper, newsletter articles, workgroups and other ad hoc committees
- Added to multiple national committees including *Committee on the State of Science in Ovarian Cancer Research*, PCORI-funded ABOUT Network Executive Committee, FORCE Advisory Board, XRAYs Steering Committee, and *Institute of Medicine Action Collaborative on Genomics and Population Health*
- Served as Chair/Founder of LSSN
- Served as co-editor of special issue of *Healthcare* on Public Health Genomics

Collaboration Strategy: Expand partnerships to accomplish all outcomes